



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 21487																
<div style="border: 1px solid black; padding: 5px; text-align: center;">DEPOSIT ACCOUNT NO. 08-2525  OUR ORDER NO. <u>7363</u></div>		In re Application of <div style="text-align: center;">Doris Brugger, et. al.</div>																
		Application Number 10/712,494	Filed Nov 13, 2003															
		For POSITIONAL ISOMERS OF PEGYLATED ALPHA INTERFERON																
Group Art Unit 1646		Examiner Hissong, Bruce D																
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>(\$120.00)</td><td>\$ <u>120.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>(\$450.00)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>(\$1020.00)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>(\$1590.00)</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>(\$2160.00)</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-2525</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between;"><div><u>02/28/2007</u> Date</div><div> Signature</div></div> <div style="display: flex; justify-content: space-between;"><div>03/06/2007 R#OLDGE1 0000065 082525 10712494 01 FC:1251</div><div>120.00 DA</div><div>Robert Hoag Typed or printed name</div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <div><input type="checkbox"/> Total of _____ forms are submitted.</div>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	(\$120.00)	\$ <u>120.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	(\$450.00)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	(\$1020.00)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	(\$1590.00)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	(\$2160.00)	\$ _____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	(\$120.00)	\$ <u>120.00</u>																
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	(\$450.00)	\$ _____																
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	(\$1020.00)	\$ _____																
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	(\$1590.00)	\$ _____																
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	(\$2160.00)	\$ _____																